

2010-152-T

RECEIVED

CLASS C AMENDMENT FORM

235951

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 3/30/12

I have the following Certificate:

☐ Class C Taxi # _____
 ☒ Class C Charter # 8267-1
☐ Class C Charter Bus # _____

☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**

From: _____ DBA: _____
 (Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
 (New Name) (New DBA if applicable)

☐ **Scope of Authority**

From: _____ To: _____
 (Current Scope) (New Scope)

☒ **Passenger Limit**

From: 7 To: 15
 (Current Limit Number) (New Limit Number)

First Class Limo Service, LLC
 Name & DBA if DBA is applicable)

165 Stonemont Dr
 (Street and/or Mailing Address)

Imo, SC 29063
 (City, State, Zip Code)

[Signature]
 (Signature)

803-587-9329
 (Telephone Number)

Grant Zweifel, owner
 (Title) Owner, President, etc.